

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: Stephen Simms Date: 11/5/2018

Site Address: 19 D'Ango Circle Angier NC 27501 Phone: 402 709 3021

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Finish Attic into Recreation Room # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Home owner Stephen Simms
Building Contractor's Company Name Telephone

Address Email Address

License #

Electrical Contractor Information

Description of Work wiring, lights, switch Service Size: _____ Amps T-Pole: Yes No

Jared Watson
Electrical Contractor's Company Name Telephone 919 917 2445

Address Email Address big monkey road@gmail.com

License #

Mechanical/HVAC Contractor Information

Description of Work Air Ducts Throughout / New Unit

Jared Watson
Mechanical Contractor's Company Name Telephone 919 917 2445

Address Email Address big monkey road@gmail.com

License #

Plumbing Contractor Information

Description of Work NA # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #


Insulation Contractor Information

Jared Watson
Insulation Contractor's Company Name & Address Telephone 919 917 2445

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2-years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer(s) of Corporation

11/15/2018
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: _____

Sign w/Title:  Date: 2/22/19